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The Habit

ALCOHOL AND DRUG ABUSE DIVISION

MONTANA DEPARTMENT OF INSTITUTIONS

1539 11TH AVENUE, HELENA, MONTANA 59620

(406) 444-2827

FEBRUARY - MAY 1987

STATE DOCUMENTS COLLECTION

JUN 26 1987

MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

BILLS

The following list of Bills are those that passed through the 1987 Legislature and may have an impact on the chemical dependency field.

- HB 21 Raise legal drinking age from 19 to 21. Provides effective retroactive dates. Individuals born before April 1, 1968 would still be legal.
- HB 163 Provides a definition of "under the influence," replacing the existing standard.
- HB 277 Imposes a driver's license reinstatement fee to fund county DUI (task force) programs. These funds are not for ACT Programs.
- HB 322 Establish DUI blood alcohol levels/chemical testing for boat operators.
- HB 325 Creates new Department of Family Services. This department will have the responsibility to administer the [SRS] Inpatient chemical dependency funds for youth.
- HB 428 Department of Institutions bill which clears up the language of 53-24-108, 206 and references the wine tax which was previously left out.
- HB 752 Uniform Health Care Information Act. No major impact on chemical dependency records as federal regulations supercede state regulations.
- HB 823 Revises laws relating to disability insurance. It addresses the problem of an in-state group covered by an out-of-state policy or company.
- SB 120 Requires group policy chemical dependency care by a certified person or approved facility. This Bill clears up previous language that was confusing and also adds certified chemical dependency counselors to the list of eligible recipients of payment.
- SB 210 Defines professional counselors as health care professionals. Adds professional counselors to the list of individuals eligible to receive insurance reimbursement for chemical dependency treatment.
- SB 246 Extended and revised Certificate of Need law.
- SB 353 Regulates Health Maintenance Organizations (HMO's). Includes chemical dependency coverage only through a doctor's prescription or recommendation. Programs and individuals should watch this law as HMO's are a thing of the future. Department of Health will be promulgating ADM rules which should be followed.
- SB 371 Regulations for preferred provider arrangements and allows HMOs or Insurance Companies to contract for services at a cheaper rate.

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PUBLIC FUNDING FOR CHEMICAL DEPENDENCY PROGRAM

The level of public funding for community programs is not projected to decrease in the next two years even though there is a projected decline in revenue from the earmarked alcohol tax. This is possible only because of the additional \$626,892 of alcohol, drug treatment and rehabilitation funds awarded to Montana with the passage of The Drug Enforcement Education and Control Act of 1986 (See January issue of Habit), and appropriated by the legislature to be expended in the upcoming biennium. The total amount of federal funds, earmarked alcohol tax revenue and General Fund that will be available in FY88 to programs is \$2,913,027, decreasing in FY89 to \$2,835,169, however, both years are projected to be above the FY87 level of \$2,753,343.

	<u>FY 87</u>	<u>FY 88</u>	<u>FY 89</u>
Federal Block Grant	\$ 972,060	\$1,268,311	\$1,268,311
Earmarked Alcohol Tax Revenue	1,572,671	1,429,516	1,351,658
General Fund	208,612	215,200	215,200
	<u>\$2,753,343</u>	<u>\$2,913,027</u>	<u>\$2,835,169</u>

With this influx of new federal funds and their uncertainty in the future, the Department of Institutions, Alcohol and Drug Abuse Division decided it will not use these additional funds to expand services or start new services. The new funds will be utilized to maintain current level services, and satisfy some previous unmet needs such as indigent free-standing inpatient services for residents of eastern Montana and indigent adolescents who are not eligible for the Department of Social and Rehabilitation Services Alcohol and Drug inpatient funding.

While it is encouraging to see additional federal funds being appropriated for chemical dependency services, the basic funding for community programs in Montana is projected to continue to decline. With liquor and beer sales continuing to decline and wine projected to increase slightly, coupled with increases in appropriations by the Legislature, means less funds available for community programs. It appears this trend will continue, and unless additional funds are made available by a reenactment of the Drug Enforcement, Education and Control Act, an increased level in the ADMS Block Grant, or an additional appropriation of State General Fund, the stability of funding for community programs will continue to deteriorate.

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DRUG USE AND EFFECTS

AIDS Babies Born With Facial Malformations

Infants born with the virus that causes Acquired Immune Deficiency Syndrome (AIDS) often have distinct facial malformations.

Dr. Andrew Wiznia and colleagues at the Albert Einstein College of Medicine in New York City studied 20 youngsters ranging in age from five months to six years. In over 70 percent of the children they noted such abnormal characteristics as small heads; high, box-like foreheads; and flat nasal bridges. Over half had slanted, wide-spaced eyes, very full lips and flat noses.

Most of the children's mothers were intravenous drug users, and all of the mothers tested positive for the AIDS antibody. Dr. Wiznia says the malformations suggest the fetuses were infected sometime between the 12th and 16th week of gestation.

The discovery of these malformations is significant. It will enable doctors to diagnose AIDS children at a very early age. Until now, AIDS diagnostic tests were often inconclusive when given to infants under the age of one year.

Am Journal Dis Child July 1986

ALCOHOL AND DRUG ABUSE DEMONSTRATION GRANT APPLICANTS

Following is a synopsis of the brave souls who weeded through the federal forms and submitted applications for the Alcohol and Drug Abuse Demonstration Grants that were due by May 15, 1987.

1. Adolescent Halfway Houses submitted by Shodair Adolescent Chemical Dependency Services this would provide an adolescent halfway house in Helena and Billings.
2. Blue Bay Healing Center submitted by Confederated Salish and Kootenai Tribal Health Department of Pablo. This will develop, implement and evaluate a culturally-relevant residential treatment program using an integrated community based treatment approach.
3. Community Based Targeted Prevention Activities submitted by the Awareness and Care Team (ACT) of Geraldine. This would provide chemically free activities for youth and train adults as well as adolescents in prevention strategies.
4. Early Intervention of Drugs and Alcohol Abuse Among Youth submitted by the Flathead Community Care care team. This would provide a coordinator of the communities prevention activities and purchase equipment for an office and resource library.
5. Northern Montana Comprehensive Drug and Alcohol Project submitted by HELP of Havre. This would expand their existing prevention activities and extend activities into ten other northcentral communities.
6. Planning and Management Project submitted by the Fort Belknap Community Council. This project would identify and coordinate existing resources to assist in combatting alcohol and drug abuse.
7. Wilderness Treatment Component submitted by Shodair Adolescent Chemical Dependency Services. This would provide an additional week of wilderness treatment integrated with traditional treatment.
8. Youth Resource Center for Cascade County submitted by Community Core Team of Great Falls. This project would provide a continuum of services for youth (12-16 years of age) who are referred from the youth court.

The announcement of the awards will be late September 1987. GOOD LUCK!!

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HOW TIMES HAVE CHANGED

The top seven discipline problems in public schools in the 1940s and the top seventeen in the 1980s.

1940s

Talking
Chewing gum
Making noise
Running in the halls
Getting out of turn in line
Wearing improper clothing
Not putting paper in the
wastebaskets

1980s

Drug Abuse	Alcohol Abuse
Pregnancy	Suicide
Rape	Robbery
Assault	Larceny
Arson	Bombings
Murder	Absenteeism
Vandalism	Extortion
Gang warfare	Abortion
Venereal Disease	

(Fullerton Policy Department and the California Department of Education as appeared in Prevention Parentline, October 1986.

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MOVIE REVIEW

by Mark Clark

The ADAD staff has reviewed a few new chemical dependency films recently which may be of interest to individuals working in the field. We have purchased one new video which will be included in the state film library soon and available for loan. It is a very up-to-date movie released in April 1987 by Cinemed, entitled, "Smokeable Cocaine - The Haight-Ashbury Crack Film." It received excellent ratings by our staff as well as from the Corrections Division personnel who reviewed it. The film (video) graphically illustrates how free-basing cocaine and smoking crack affect the body, psyche and motions of the user. It includes the effect on the baby of a mother who smokes cocaine during pregnancy. The video honestly presents the process of addiction without glamorizing cocaine or using scare tactics. It also describes the recovery process through interviews with recovering addicts, including anxiety, withdrawal, treatment, relapse and the need for support groups. I highly recommend this film for treatment programs, schools, prevention programs and medical education.

We also reviewed, but did not purchase, the following videos: 1) "Cocaine and the Student Athlete", which is a two part movie specific to athletics and cocaine; 2) "The Subject of a Moment" about a typical teenage boy who has an auto accident on the way home from a kegger resulting in the death of a little girl; 3) "Life Positive" which includes a facilitators guide video, in addition to the prevention film featuring a ventriloquist and dummy who discuss "communication killers" and "peer pressure to smoke marijuana."

The state Film Library has not been utilized recently as much as it was in years past. We speculate that this may be due to the programs and communities expanding their own film and video libraries. The most popular films during the last quarter were: 1) "Soft is the Heart of a Child"; 2) Medical Aspects #1, 2 & 3) Guidelines #1, 2, 3, 4, 5; 4) "It Can't Happen to Me"; 5) DWI Decision # 1 & 2; 6) Psychoactive # 1 & 2; 7) Marijuana, Driving and You #1, 2 & 3; 8) Bitter Wind # 1 & 2; 9) Drugs and Alcohol, Viable Alternatives; 10) Pack Your Own Chute.

The Department of Health and Environmental Sciences Audio-Visual Library has made some changes in procedures because of budget constraints. The following memorandum was recently issued for all film library users:

Beginning June 1, 1987, the audio-visual library will be open from 12:30 - 4:30 p.m. only. Local film pickups and returns are also restricted to these hours. To reach the film librarian for any reason, you may call (406) 444-5277 during these hours. If you call at any other time during the day, you will be able to leave a message at this number on the answering machine.

If you wish your call returned, please leave a message, and indicate the reason. This will enable the librarian to gather up any information needed to answer your questions. We will not be able to return calls about availability of films.

We will be offering a new film ordering service that is available 24 hours a day. To use the service, you may call (406) 444-4764. This is answering equipment only and you cannot reach the film librarian at this number. When you use this number, you will hear it ring and then get a "beep," please:

1. State your name,
2. Mailing address,
3. City, zip code, and
4. Telephone number where you can be reached during normal business hours, and
5. the name of the film(s) you are requesting and the date you plan to show the film, plus an alternate date if possible.

We must have all the information requested or we may not be able to schedule your films. You will be notified by mail when your films are scheduled or if they are not available on that particular date.

We still prefer that you use the order forms and place requests in advance as much as possible.

Movie Review (continued)

The new film catalogue should be available about July 1. We will automatically mail it to regular users of the A-V library, and to others on request.

We will try to provide you all the assistance you need. If you have any questions, please do not hesitate to call.

REMEMBER OUR NEW NUMBERS ARE:

444-5277 - A-V Library between 12:30 - 4:30 p.m., to reach librarian or leave messages at other times

OR

444-4764 - 24 hour ordering number.

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STATE PREVENTION NETWORK

Montana Communities in Action for Drug Free Youth, Inc., is planning a state prevention conference for January 21 and 22, 1988 at the Heritage Inn in Great Falls. This conference will be exciting to have all the prevention colleagues for Montana in one room. Mark your calendar and please, if you wish to volunteer any service, contact Marcia Armstrong at 444-2878.

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SPORTS DRUG AWARENESS PROGRAM

The Montana Sports Awareness Seminar was held May 5, 1987 at Montana State University in Bozeman. This Seminar was sponsored by the U.S. Department of Justice/Drug Enforcement Administration and the U.S. Attorney District of Montana. Over two hundred coaches and school administrators were in attendance.

The Sports Drug Awareness Program, recognizing that the war on drugs must begin by reducing the demand for drugs - drug abuse prevention - the Drug Enforcement Administration developed the Sports Drug Awareness Program in conjunction with the National High School Athletic Coaches Association, the International Association of Chiefs of Police, the National Football League, and the NFL Player Association to reach 5.5 million high school athletes with drug abuse prevention information. Additional organizations that have joined in the program include the Federal Bureau of Investigation, Office of Juvenile Justice and Delinquency Prevention, the National Basketball Association, the National Hockey League, Major League Baseball, National Federation of Parents for Drug Free Youth, National Association of Broadcasters, National Federation of State High School Associations and the Sporting Goods Manufacturers Association.

The goal of this Program is to prevent drug abuse among high school age youth, with special emphasis on the role of the coach and the student athlete. For the most part, the coaches are leaders and key teachers in the school who have earned respect and loyalty from their student bodies. With the help and involvement of the coaches, student athletes can be influenced and trained to act as role models, using positive peer pressure to dissuade other students from using drugs.

The key elements in carrying out this program include the distribution of a brochure to every coach in the United States (For Coaches Only - How to Start a Drug Prevention Program). This brochure provides information to coaches on the

Sports Drug Awareness Program (continued)

need for high school prevention programs involving student athletes. Secondly, they are distributing a booklet of materials containing an action plan and guidelines on how to start a drug abuse prevention program for student athletes. This booklet is called "Team Up For Drug Prevention" and contains a description of a model high school program in Cincinnati, Ohio. The third phase is providing one to three day seminars and clinics for coaches in order to assist them in understanding the nature of the drug abuse problem and how to take the necessary steps to develop and implement a program in their high schools. These seminars are staffed by a team of DEA and FBI special agents and public affairs staff, key players and officials from professional and amateur sports, high school coaches who have successfully put the program into operation and other representatives from organizations who are participating in the program.

On the agenda were U.S. Attorney Pete Dunbar and Assistant U.S. Attorney James E. Seykora who did an excellent job in moderating the entire seminar, Linell Broecker, Administrator of the Sports Drug Awareness Program and Travis Kuykendall, the Drug Enforcement Administrative Assistant Special Agent in Montana.

Keynote speakers and their subjects included Dr. Roy Bergman who spoke on the effects of drug/alcohol on athletes' performance and health, Tom Farrell who spoke on the comprehensive approach to the high school problem, "The Administrator's Perspective", and Mike Hall who presented a model high school program in action. All three speakers were excellent and well qualified. Dr. Bergman's qualifications include a strong sports medicine background including team physician for the U.S. Olympic Rowing Team, attending physician of the U.S. Olympic Committee Winter Olympic Games, 1980, staff physician for the U.S. Olympic Committee Pan American Games, San Juan, Puerto Rico, 1979, and head physician for the U.S. Olympic Committee National Sports Festival, 1981. Mr. Hall and Mr. Farrell are both principals in high schools that have implemented successful sports awareness prevention programs.

Also on the agenda, entitled the Montana Perspective, was the panel made up of Montanans moderated by Jim Seykora and including Larry Barnes, DEA Drug Enforcement Administrator from Great Falls; Don Gilbertson, School Administrator from Hardin; Judy Griffith from Helena, who spoke on treatment; Marilyn LeMaich from Missoula who spoke on parents for drug free youth; and Bill Sprinkle from Helena, who represented the Montana Coaches Association; Jan Stenerud from Bozeman, a retired veteran placekicker in NFL; and Brian Salonen from Great Falls, currently on the roster of the Dallas Cowboys, who spoke for the final hour on the professional athletes perspective.

For more information regarding the Sports Drug Awareness Program contact Darryl Bruno, 444-4927.

CPDM'S COUNSELOR REPRESENTATIVE

Ron Luchau of the Powell County Alcoholism Prevention Center in Deer Lodge is CDPM's counselor representative. He was elected in October 1986 by other counselors in Montana who are members of CDPM to represent their interests at CDPM meetings and to the state regarding certification procedures, standards, and professional ethics and as a platform on interests in that field.

He hopes that counselors will have a voice in the future on establishing standards for counselors and how they will be regulated. Counselors should take an active interest in what is going on in their field, he said.

COCAINE SELF-HELP GROUPS GROWING.... There are now 485 Cocaine Anonymous groups, in 25 states. The number was half that size only a year before.

From: Pulse Beats, February, 1987

MEDIA COVERAGE

AMERICA UNDERCOVER: DRUNK AND DEADLY which made its debut on May 17 on HBO. More than 23,500 people are killed on our highways each year in alcohol related automobile accidents - an average of 64 deaths a day. On May 17, 1986, 81 men, women and children were killed in such accidents - one every 18 minutes. The HBO documentary portrays all of the alcohol-related fatalities that took place on this tragic but typical day on America's highways, focusing on five accidents.

ALCOHOL AND COCAINE - THE SECRET ADDICTION presented on May 29 by ABC News "Closeup". This documentary examined how alcohol and cocaine affects the brain, bone marrow, muscle fiber, sex hormones and the immune system.

HATS OFF!

Congratulations to the Healthy Mothers, Healthy Babies, The Montana Coalition, Inc. They were awarded \$450,000 from the Kaiser Foundation to establish local adolescent pregnancy prevention activities throughout the state. Individual community coalitions will design activities that are particularly applicable to rural and remote areas, emphasizing education, skills training, and job opportunities to teens, greater access to affordable health services, for teens, and greater community information about factors that contribute to teen pregnancy.

WELCOME TO THE "JUST SAY NO" CLUB

What Are "Just Say No" Clubs?

"Just Say No" Clubs are groups of children, 7-14 years old, who are committed to not using drugs or alcohol. Through a variety of educational, recreational, and service activities, the clubs strengthen members' determination to lead drug-free lives and provide support and encouragement throughout the critical upper elementary and junior high years.

Young people today grow up in a world where drinking and drug use are often viewed as "normal," even acceptable. "Just Say No" Clubs seek to counter that perception, and to reinforce the message that drug use is wrong. Members pledge publicly to say "no" to drugs and alcohol, and encourage their peers to join them.

The first "Just Say No" Club was formed in January 1985 by kids in inner-city Oakland, California, inspired by a talk by First Lady Nancy Reagan. Today there are about 10,000 Clubs nationwide.

How To Start a "Just Say No" Club

A "Just Say No" Club can be started and operated with little or no money. All it takes is a concerned adult leader, interested kids, and a safe place to meet--preferably a school. Club members then plan activities that are best for their Club. Clubs are usually made up of 15-20 people, with some members selected as captains and officers. Clubs hold regular meetings--at least twice a month--and gain the support of the school and community. Activities are selected from three categories:

Educational strategies. Members learn about peer pressure and other social factors that influence their decisions about drug and alcohol use. They are taught to question the motives of "friends" who pressure them to take part in any dangerous or illegal activity. They practice "3 Steps to Say No" in the kinds of situations in which most young people will at some time find themselves.

Particular emphasis is placed on the "gateway" drugs--alcohol, tobacco, and marijuana--which most youngsters use first and through which most are introduced to various illicit drugs.

"Just Say No" activities. Having fun is a priority in "Just Say No" Clubs. Games, sports, crafts, hobbies, and field trips are an integral part of the program. They create and perform skits, songs, and cheers with the "Just Say No" theme.

Just Say No Club (continued)

Recreational activities help members develop constructive outside interests.

Service Projects. Service projects, often offered in conjunction with local service organizations, teach responsibility by allowing children to make real and meaningful contributions to the world in which they live.

"Just Say No" Clubs in the School and Community

The flexible "Just Say No" Club program can be adapted to meet the unique needs of any school. It can be offered as an after-school event, or incorporated into the curriculum. It can be delivered by a teacher, counselor, health specialist, or other individual experienced in working with young people.

Parent-teacher groups and volunteers can share their special talents and skills with members. Service organizations and businesses can be called on to sponsor clubs and to help organize and operate service projects. Older students, who assist adult leaders, serve as positive role models for Club members.

In some areas it may be more practical to establish clubs at neighborhood centers, churches, or at facilities made available by community agencies and organizations. Some clubs are formed within existing youth programs, such as scout troops, Boys/Girls Clubs, or the YMCA.

National "Just Say No" Walk Against Drugs

Each year in May, millions of children, parents, teachers, and concerned citizens participate in the exciting Walk Against Drugs. Communities all across the nation peacefully demonstrate against the widespread use of drugs and alcohol and publicly declare their commitment to living a life free of drugs.

"Just Say No" Declaration Month and Flag-Raising

Early in the school year, schools nationwide declare themselves "Just Say No" Schools and raise the official "Just Say No" flag or banner. They commit to establishing and maintaining clubs. They plan regular "Just Say No" events and pledge to support the efforts of students to live a drug-free life.

The Just Say No Foundation: Here to Help

The Just Say No Foundation, a non-profit organization, provides a national link for all "Just Say No" Clubs through the distribution of materials, information, fundraising and by providing technical assistance and onsite training. Local Clubs register with the Foundation and keep it informed of their activities.

"Just Say No" T-shirts, buttons, flags, banners and other products are available through the Foundation.

"3 Steps to Say No"

"Just Say No" Club members learn these steps and practice them during Club meetings:

Step 1: Find Out If What Your Friend Suggests is OK. Sometimes you know right away whether something is right or wrong. Ask your friend and yourself questions to find out if its OK -- "Is it safe?", "Is it legal?", "Could it hurt me?", "Would my parents approve?"

Step 2: If It's Wrong, Say No. As soon as you know that something your friend suggests is wrong, say, "No, thanks." Then tell them why--"That's against school rules," "I wouldn't feel right doing that."

Step 3: Suggest Other Things To Do. After you've said No, suggest other activities that are fun, healthy, safe, and legal--like playing ball or riding bikes. If your friend isn't interested, leave.

Just Say No Club (continued)

The "Just Say No" Club Book

The "Just Say No" Club book describes the theoretical and research foundations of the program, and gives clear, step-by-step instructions for carrying out activities, dozens of which are suggested. The book will be available in June, 1987. Contact The Just Say No Foundation for ordering information.

The Just Say No Foundation
1-(800) 258-2766

If you have a "Just Say No" Club, let this office know and we will feature your Club in upcoming Habit issues.

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HOW TOBACCO COMPANIES SEDUCE WOMEN

(Reprinted from Listen Magazine, January 7, 1987)

You'll seldom see a cigarette advertisement featuring a housewife or a secretary. The models and settings used in cigarette ads depict women that have arrived, are successful, and are in control. It's hard to ignore the positive, upbeat messages they send.

What the tobacco companies don't tell you, though, is that the "typical" woman smoker is not the svelte, glamorous professional that their ads display. According to statistics, she is separated or divorced, has had barely a high-school education, works in a blue-collar job, and makes less than \$10,000 a year.

"Another Cheap Line: How Tobacco Companies Seduce Women," scheduled to appear in the March 1987 issue of Listen, takes a hard look at what cigarette ads promise women, as compared to what the product delivers.

As men have given up smoking in recent years, tobacco companies have targeted women in an attempt to maintain and increase sales. Women's magazines are flooded with cigarette ads; in fact, many women's magazines depend on cigarette advertising for a major share of their income. Those same magazines also publish the fewest articles on smoking and health.

The ad spending has paid off. A decade ago 28 percent of teenage boys and 28.8 percent of girls smoke. Today 16 percent of boys smoke, while 20 percent of teenage girls do. Among adult women lung cancer has surpassed breast cancer as the leading fatal cancer. Experts say that by the year 2000 lung cancer will be considered a woman's disease.

On the average, women today live seven to eight years longer than men. If women, especially teenagers, keep on smoking at their present rate, that may someday be reversed.

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WATCH OUT FOR WINE COOLERS....Catholic Twin Circle reminding would-be users there are no less than 50 brands of wine coolers on market now. Containing a mix of fruit juices and wine that replaces "pop wines" of 1960s and early 70s, wine coolers still contain alcohol, warns National Council on Alcoholism. "So-called 'low-alcohol' beers and wines may appeal to and mislead young people, giving them a false sense of safety from alcohol."

From: Pulse Beats February, 1987

NEWLY CERTIFIED PERSONS

422	Robert Little Light	Prevention/Education
423	Melody Barnes Dempsey	Chemical Dependency
424	Phyllis Burke	Chemical Dependency
425	Ida Mae Hippe	Chemical Dependency
426	James L. Larson	Chemical Dependency
427	Dorothy Lescantz	Chemical Dependency
428	William A. Martin	Chemical Dependency
		Prevention/Education
429	Rev. Thomas Mitchell	Chemical Dependency
430	Lynne Morris	Chemical Dependency
431	Donald Scott Peterson	Chemical Dependency
		Prevention/Education
		Management/Supervision
432	Toni Smartt-Kettlewell	Chemical Dependency
433	Dwight Leonard	Chemical Dependency
434	Ron LaDue	Management/Supervision
435	Nikki Konitz	Prevention/Education
436	Andrea DelGrande	Chemical Dependency
437	Joseph P. Boyle	Chemical Dependency
438	John B. Chapman	Chemical Dependency
439	Barbara L. Labbe	Chemical Dependency
440	Paul W. Mickelson	Chemical Dependency
441	Virginia Stetson	Chemical Dependency
442	Phil Sullivan	Chemical Dependency
443	Ava Lee Thomas	Chemical Dependency
444	Paula E. Spano	Chemical Dependency
445	Diane D. Bangs	Prevention/Education
446	John N. Kelly	Chemical Dependency
447	Scott Boyles	Chemical Dependency
448	Duane J. Heck	Chemical Dependency
449	Daniel A. Haffey	Chemical Dependency
93	Marlene O'Connell	Management/Supervision
198	John Olson	Management/Supervision
288	Merlin Greenfield	Prevention/Education
123	Gwen Brott	Prevention/Education

DRUG ABUSE TREATMENT INFORMATION LINE

NIDA's toll free Drug Abuse Treatment Information Line (1-800-662-HELP) has completed 1 year of operation on April 15. The hot line began as a part of the National Cocaine Prevention Media Campaign, "Cocaine, The Big Lie." It will also be used as a resource for TV drug users that are targeted for AIDS prevention messages. The purpose of this service is to provide information to callers about drug abuse and drug abuse treatment. The hot line staff talk with users and their families and friends about the signs, symptoms and consequences of use, about different approaches to intervention, and about location of treatment programs and support groups.

BE SMART! DON'T START!

Be Smart, Don't Start is a national campaign designed to encourage children, parents, teachers and other community leaders to spread the word that it's all right to "say no" to alcohol.

The goal is to prevent alcohol use by reaching young people and those who influence their attitudes and behavior before they face intense peer and societal pressure to drink.

Campaign materials were distributed throughout the state with requests for larger quantities coming from Helena, Glendive, Livingston, Dillon, Kalispell, Plentywood, Forsyth, East Helena, Harlowton, Bozeman, Gardiner and Hardin.

CONFIDENTIALITY LAW AMENDED
FOR CHILD ABUSE REPORTING

On August 27, 1986 President Reagan signed Public Law 99-401, which amends the federal confidentiality laws to remove any restriction on compliance with state laws mandating the reporting of child abuse and neglect.

Child abuse reporting has been one of the most controversial issues in the alcohol and drug abuse treatment field. Some professionals believe that confidentiality should take precedence lest parents with alcohol or drug problems be deterred from entering treatment for fear of losing their children. Others believe that the importance of reporting child abuse should override any confidentiality concerns. This issue has also been a source of much confusion, with many treatment professionals unsure of their legal responsibilities.

The new statute ends the confusion, if not the controversy, by adding the following sentence to the federal confidentiality laws for alcohol and drug abuse treatment (42 U.S.C. §§290dd-3 and ee-3): "The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State or local authorities." With the confidentiality laws no longer applicable, all alcohol and drug abuse treatment programs must strictly comply with the provisions of the mandatory reporting laws in their states.

The recently enacted statute differs in several important respects from the version that initially passed the Senate last year. The changes were made in response to pressure from the alcohol and drug abuse field and with the assistance of Representative Don Edwards (D-CA), Chair of the Judiciary Subcommittee on Civil and Constitutional Rights, and Representative Henry Waxman (D-CA), Chair of the Subcommittee on Health and the Environment of the Energy and Commerce Committee.

Specifically, the changes remedied two concerns that were raised by the original version. First, the new statute clearly applies only to initial reports of child abuse or neglect, and not to requests for additional information or records. Thus, patient files are still protected from the prying eyes of inquisitive child protection agencies. As Congressman Edwards stated in his speech to the House, "The amendment does not affect [the] subsection...requiring a court order before records...may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient."

Second, the statute permits reporting only when there is danger or harm to the child, and does not permit reporting merely because a parent has abused alcohol or drugs. A requirement that all substance abusing parents be reported could have closed down many treatment programs, as word spread through the community that entering treatment would lead directly to a child abuse investigation. Furthermore, flooding the child protection system with a multitude of reports that contained no threat or injury to children would retard, not enhance, efforts to combat child abuse.

Mr. Edwards addressed this concern in his floor speech as well, stating, "The amendment should be applied so it does not dissuade persons from coming forward for drug or alcohol abuse treatment, especially since the children of untreated substance abusers are among the most common victims of child abuse. The amendment is not intended to suggest that substance abuse by itself is a condition that must be reported as child abuse or neglect. As under current practice, there must be some reason to suspect actual or imminent harm to the child."

The new statute is thus carefully crafted to permit compliance with state laws mandating the reporting of child abuse and neglect while preserving confidentiality to the maximum extent possible. It is worth quoting Representative Edwards one last time on this point: "The amendment clarifies the balance that should be struck between patient confidentiality and child protection. It recognizes that there should be a concern for confidentiality even in cases involving suspected child abuse. It simply makes it clear that the interest of confidentiality does not preclude child abuse reporting as required by State Law. The amendment is not intended to relieve treatment providers of the continued responsibility of insuring that the interests of patient confidentiality are protected to the fullest extent possible."

- Of Substance (Legal Action Center) Sept-Oct, 1986

PROCESS FOR APPROVAL OF EDUCATIONAL/TRAINING
WORKSHOPS FOR CERTIFICATION POINTS

At least one month prior to the actual presentation of training, ADAD must be in receipt of the following types of information/documentation:

- A statement of the goals and objectives of the workshop.
- An agenda with a specific breakdown of training hours.
- A statement describing the specific course content.
- Resume of each workshop trainer/presenter.
- A statement establishing the pertinence of the workshop to the field of chemical dependency, and the manner in which participants will benefit from the training.
- Written assurance that attendance will be kept and monitored, and that participants will receive a certificate or letter of completion.

Following review of the above material, a determination is made in regard to an award of certification points, and the sponsoring entity is immediately notified.

Upon completion of the training, we will require a summary of the participants evaluation of the workshop.

Please direct correspondence/questions to:

Mike Kauffman
Alcohol and Drug Abuse Division
Department of Institutions
1539 11th Avenue
Helena, Montana 59620
[406] 444-4926

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DRUG ABUSE MAKES USERS MORE SUSCEPTIBLE

(Reprinted from Listen Magazine, April 8, 1987)

"There is an astonishing record of recreational drug use among AIDS patients," says Cesar Caceres, a Washington, D.C., doctor who specializes in treating AIDS patients. "We find that 79 percent of AIDS patients have been drug abusers."

These statements appear in an article entitled "Drugs and AIDS" in the June issue of LISTEN magazine. "It appears that most AIDS patients are not healthy people who got AIDS simply because they had sex with the wrong person. The AIDS virus (HTLV-III)...produces AIDS only if the immune system is already weakened."

Science has long shown that bad eating habits, poor hygiene, and excessive stress are factors that weaken the immune system. But now research links drug use, including that of alcohol and tobacco, to the loss of immunity.

Such a suppression of the immune system "clearly props the door wide open for AIDS viruses," says Dr. George F. Lewis of McMaster University in Hamilton, Ontario. The article supports both doctors' conclusions with statistics showing marijuana, tobacco, alcohol, and other drugs hindering the ability of the body to fight disease. This hinderance furthers the ability of the AIDS virus to harm the immune system.

Those who live healthful lifestyles virtually assure themselves of a strong defense against the AIDS virus. But "if you smoke, drink, or do drugs," says Dr. Caceres, "you will become susceptible if you come in contact with any infectious disease."

CONGRATULATIONS!

Great Falls Public Schools has received an award for excellence in student assistance programming at the Western Regional Program Conference of the National Association of the Student Assistance Programs and Professionals (NASAPP), held in San Francisco, California, on December 3-5, 1986. The award recognizes outstanding contributions in reducing alcohol and drug related problems among students, as well as addressing problems of truancy, school drop outs, teen suicide, teen pregnancy, and students high at-risk.

The award was jointly presented to Jim Gamell, CARE Coordinator for the district, on behalf of NASAPP and the Western Training and Development Center, an Oakland, California, based project of the U.S. Department of Education. This regional award automatically nominates the Great Falls Public Schools program for a national award at the NASAPP annual conference in May 1987.

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McDONALD'S YOUTH CHALLENGE

The McDonald's Youth Challenge, "Living Drug Free," will provide cash and U.S. Savings Bonds to groups and individuals under the age of 18 for their original and effective anti-substance abuse activities. All contestants will also be eligible to write and star in their own radio and TV public service announcements which McDonald's will produce. The contest, divided into three main activity categories and three different age groups, will be judged by young people active in fighting substance abuse.

All entries are due by June 15, 1987 and must be activities designed to prevent drug abuse by youth and be planned and implemented by youth.

For entry forms and further information write to McDonald's Youth Challenge, Youth to Youth, 700 Bryden Road, Columbus, OH 43215 or call Marcia Armstrong, Department of Institutions, ADAD, 444-2878.

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The Habit routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the ADAD Division. Suggestions for noteworthy articles or opposing views to articles published are welcomed.

ALCOHOL AND DRUG ABUSE DIVISION

SOME BUSINESS EXPERTS expect to see a ban on workplace smoking by early 1990s, or sooner. It's seen likely, as public pressure builds against tobacco. One source reports 19 states and 200 cities/counties already have curbs on smoking. Moreover, company policies have tripled since 1980. One poll showed that 42% of employers have adopted restrictions.

From Pulse Beats, April 1987

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